

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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1. Agency Name <u>City of San Jose</u>		Date Stamp <u>2015 NOV -6 AM 10:59</u>	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) <u>CMD-Budget Office</u>			
Designated Agency Contact (Name, Title) <u>Jennifer Maguire, Sr. Deputy City Mgr.</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number <u>408-535-8144</u>	E-mail <u>Webmaster.manager@sanjose.ca.gov</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description Madonna Concert  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 160 \$358

Date(s) 10, 19, 15 10, 19, 15

If no: \_\_\_\_\_  
Name of Source

If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>City Manager's Budget Office</u>	<u>16</u>	<u>Employee recognition: Release of 2015-2016 Proposed Budgets</u>
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature] NORBERTO DUEÑAS CITY MANAGER 11/4/15  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_